



ASSOCIATION ACTUARIELLE INTERNATIONALE  
INTERNATIONAL ACTUARIAL ASSOCIATION



Institute of Actuaries of India



# 13<sup>th</sup> Global Conference of Actuaries 2011

## *Emerging Risks... Daring Solutions*

### Microinsurance – Key Performance Indicators

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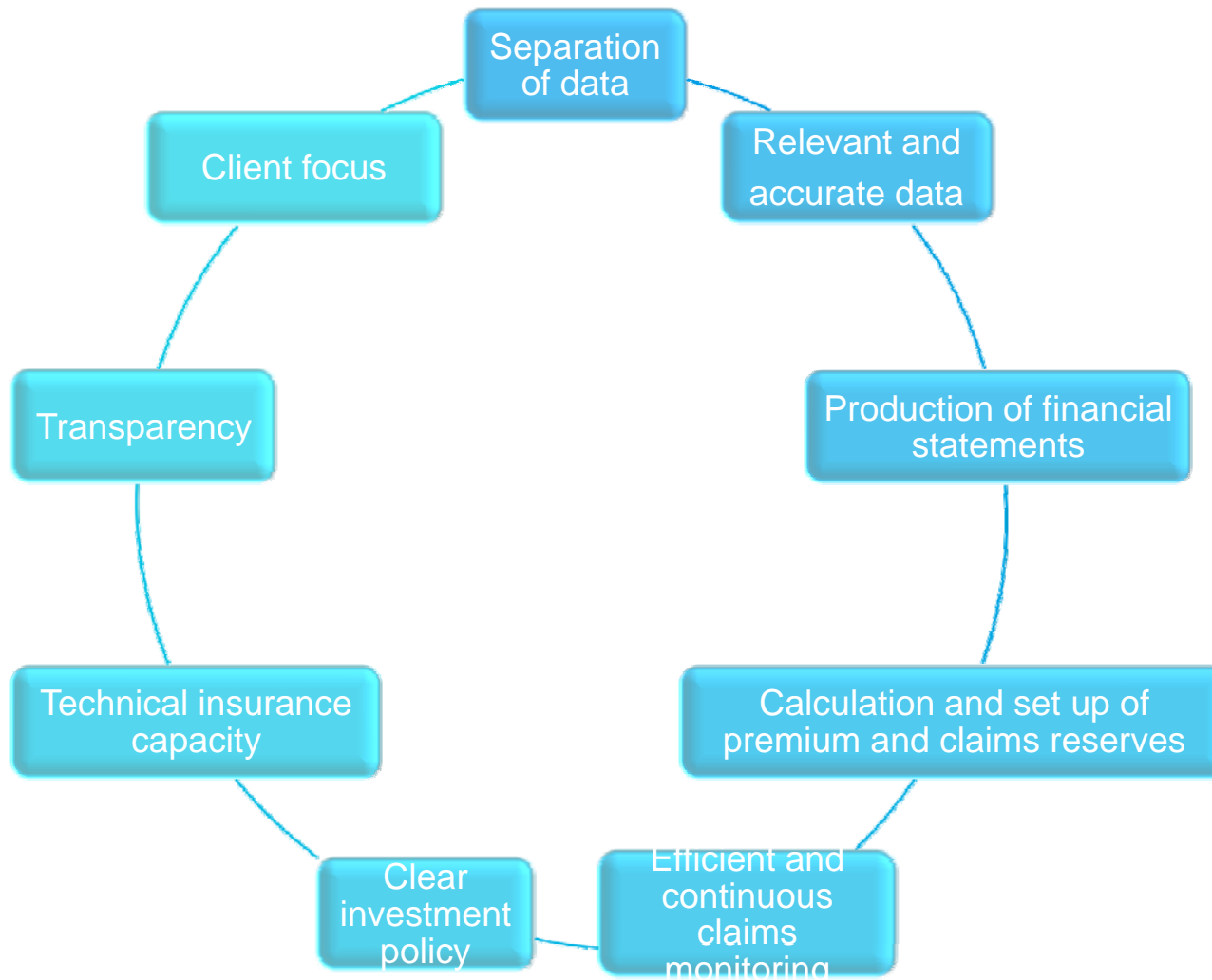
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# KEY FINANCIAL PERFORMANCE INDICATORS FOR MICROINSURANCE



# A priori conditions = Accurate performance measurement

## Nine Key Principles



# Principle 1/9

Separation  
of data

**Separate data per activity and per product**  
= specific responses, informed estimates

Risk Management through information  
= capture and separate data



# Principle 2/9

Relevant and  
accurate data

## Be smart about collecting data

= adequate management information systems, extract  
statistics, history

Limits: costs, regulatory requirements,...



# Principle 3/9

Production of financial statements

**Important management tool**

= production of timely financial statements

Balance sheet  
Income statement  
Cash flow statement

## Principle 4/9

Calculation and set up of  
premium and claims reserves

**Reserves give a true financial picture**  
= measure any outstanding liabilities at  
the end of each accounting period

Some examples:

- **Unearned Premium Reserve (UPR)** =  
Premium received but not yet earned *as of the accounting date*
- **Incurred but Not Reported Reserve (IBNR)** =  
Unreported claims that have been incurred and are payable in  
the future *as of the accounting date*
- **Claims in Course of Settlement (CICS)** =  
The claims that have been reported but have not been paid yet  
*as of the accounting date*



# Principle 5/9

Efficient and  
continuous claims  
monitoring

## Understand the risk profile of the clients

= look for developing trends and claims patterns

Informed management decisions on pricing,  
monitoring of moral hazard and adverse selection

**Client data:** Incurred date, reported date, payment  
date, cause, who makes the claim?, incurred costs





# Principle 6/9

Clear  
investment  
policy

## Prudence and asset diversification

= a formal policy should address at least asset quality, asset diversification and asset-liability matching (long-term products)

### Asset-Liability Matching:

Project liabilities (e.g. claims, expenses)  
for future periods and

Adjust the investment portfolio so that the  
investment earnings (e.g. interests, maturities)  
match the projected liabilities



# Principle 7/9

Technical insurance  
capacity

## The right staff and the right stuff

= insurance expertise, management and internal audits, and last, but not least, a good Management Information System (MIS)

“Good” MIS should include:

1. Relational database in normalized form
2. Applications for claims monitoring
3. Applications for indicator evaluation
4. Applications for financial and risk management

# Principle 8/9

Transparency

## Just more data is not the solution

= data should be accessible and presented in a meaningful and understandable language and format

Benchmarking and Regular external audits



# Principle 9/9

Client focus

## **Good value product and efficient service**

= pro-poor agenda, mission statement, impact oriented

= performance indicators should be analyzed from the client's perspective

# Ten Key Indicators

Who has already experience with performance indicators?

Who is involved on a practitioner level?

= Understand the **relevance** and **importance** of performance indicators for microinsurance!



<b>Significance (Client Focus)</b>	<b>Performance Indicator</b>	
<b>PRODUCT AWARENESS AND CLIENT SATISFACTION</b>	Renewal Ratio	
	Coverage Ratio	
	Growth Ratio	
<b>PRODUCT VALUE</b>	Incurred Expense Ratio	
	Incurred Claims Ratio	
	Net Income Ratio	
<b>SERVICE QUALITY</b>	Promptness of Claims Settlement	
	Claims Rejection Ratio	
<b>FINANCIAL PRUDENCE</b>	Solvency Ratio	
	Liquidity Ratio	



# Ten Key Indicators

## Some points to keep in mind:

- Importance of principles = POWER to TRANSFORM PROCESS
- Look at TRENDS
- Combine and link indicators
- Interpret from the client's perspective
- Not classical insurance = MONEY COMING IN AND GOING OUT
- Reinsurance is not a magic wand



# PRODUCT AWARENESS AND SATISFACTION

## Overview

1. **Renewal Ratio** = Number of Renewals / Number of Potential Renewals

*How many of your clients are coming back?*

2. **Coverage Ratio** = Number of insured n / Target population n

*How many people of those you want to reach do you actually reach?*

3. **Growth Ratio** =  $(\text{Number of insured } n - \text{Number of Insured } n-1) /$   
Number of Insured n-1

*How many more new clients do you reach?*

*= Marketing indicators, provide some measure of meeting client need and understanding of efficiency*

### Important data

Definition of target population, client data





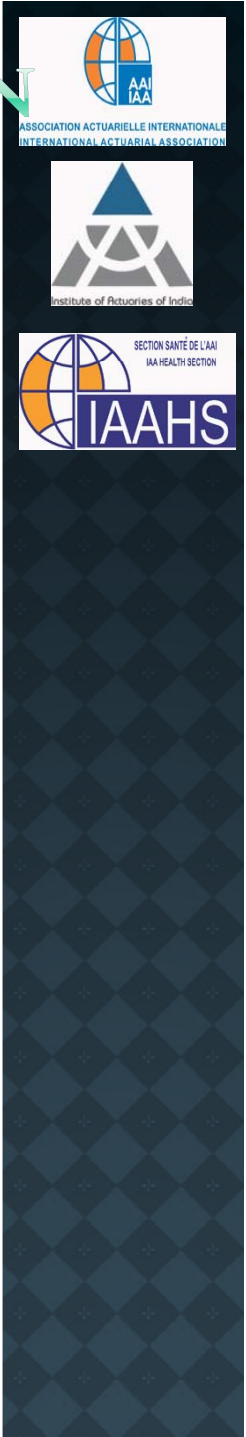
# PRODUCT AWARENESS AND SATISFACTION

## 1. Renewal Ratio

**Renewal Ratio** = Number of Renewals / Number of Potential Renewals

Expected Range > 85%

Also sometimes known as Retention Rate



# PRODUCT AWARENESS AND SATISFACTION

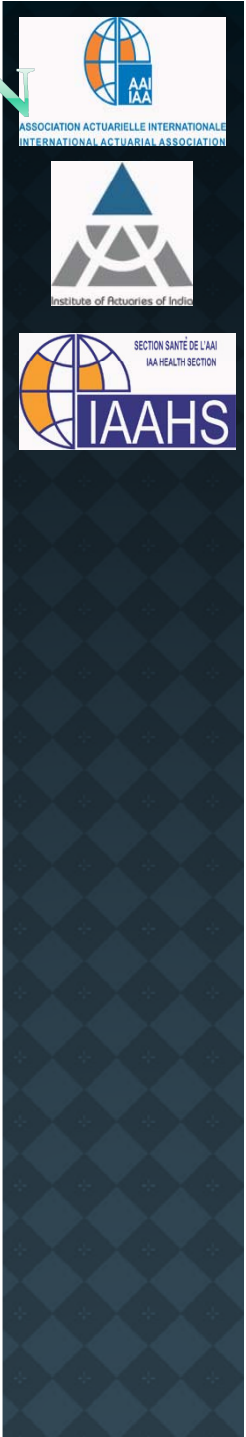
## 1. Renewal Ratio

What kind of problems do **low renewal rates** usually indicate (especially for programmes with voluntary participation)?

Some examples:

- ☹️ Poor communication: The client does not understand the benefits
- ☹️ Product misfit: The product does not meet the clients needs
- ☹️ Bad service: It takes long before the client gets a claim paid
- ☹️ Expensive product: The client cannot pay the benefits

Consequence: You need to find continuously new clients



# PRODUCT AWARENESS AND SATISFACTION

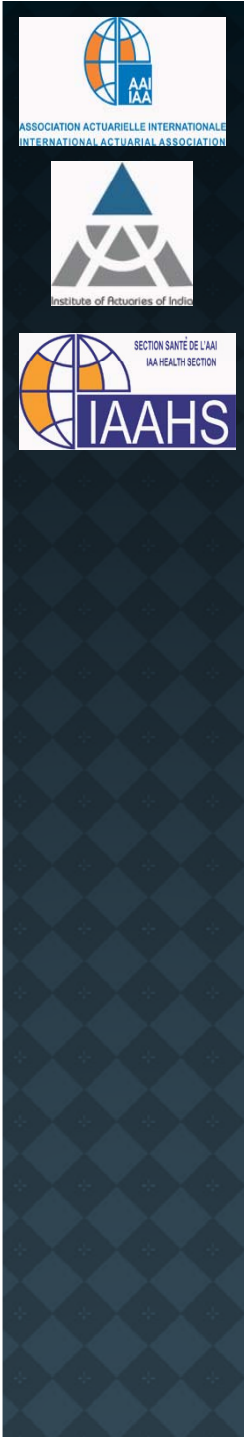
## 1. Renewal Ratio

What do **high renewal rates** usually indicate (especially for groups with voluntary participation)?

Some examples:

- ☺ Product is meeting the clients needs
- ☺ Premiums are affordable and the service is good
- ☺ The benefit level is satisfactory and claims are usually paid
- ☺ The product is renewed automatically

Consequence: You can concentrate on expanding your client base



# PRODUCT AWARENESS AND SATISFACTION

## 2. Coverage Ratio

**Coverage Ratio** = Number of insured  $n$  / Target population  $n$

Expected range > 10%

- **Voluntary participation programmes:** “High” coverage ratio is generally a positive indicator that the programme is well received, that it is affordable and accessible by the target market
- **Compulsory participation programmes:** Depending on the situation, a “high” coverage ratio may have limited interpretive value but a “low” coverage ratio definitely indicates implementation problems
- **A “low” coverage ratio:** In the absence of underwriting, this is usually a reliable indicator of adverse selection and subsequent bad claims experience
- **A “low” coverage ratio:** Similar reasons that affect low renewal rate



# PRODUCT AWARENESS AND SATISFACTION

## 3. Growth Ratio

- **Small programmes** → Growth may be faster due to smaller client base
- Growth rate will slow down as participation of a targeted population nears 100%
- **Voluntary participation, high growth rate:** an important indicator of marketing success → ... marketing success in turn usually reflects good value
- **Compulsory participation, high growth rate:** could imply in some cases successful marketing, but in other cases is meaningless



# PRODUCT AWARENESS AND SATISFACTION

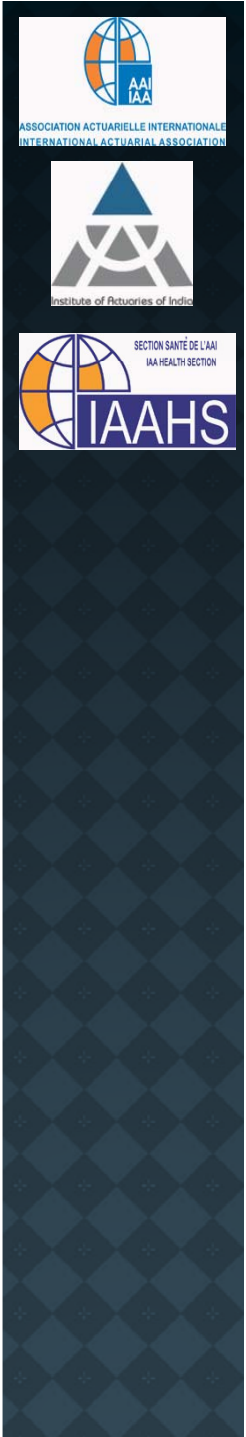
## 3. Growth Ratio

What are some of the reasons for **slow growth**?

Some examples:

- ☹ Badly designed product
- ☹ Lack of insurance awareness
- ☹ Lack of promotion and marketing

Consequence: Your client base will not expand sufficiently



# PRODUCT AWARENESS AND SATISFACTION Exercise

Organisation A	Year X	Year X+1	Year X+2
Renewal Ratio	5%	30%	50%
Coverage Ratio	2%	4%	10%
Growth Ratio	30%	20%	10%
Organisation B	Year X	Year X+1	Year X+2
Renewal Ratio	70%	30%	20%
Coverage Ratio	20%	18%	14%
Growth Ratio	30%	20%	10%
Organisation C	Year X	Year X+1	Year X+2
Renewal Ratio	90%	92%	91%
Coverage Ratio	50%	60%	70%
Growth Ratio	30%	20%	10%

<b>Significance (Client Focus)</b>	<b>Performance Indicator</b>	
<b>PRODUCT AWARENESS AND CLIENT SATISFACTION</b>	Renewal Ratio	
	Coverage Ratio	
	Growth Ratio	
<b>PRODUCT VALUE</b>	Incurred Expense Ratio	
	Incurred Claims Ratio	
	Net Income Ratio	
<b>SERVICE QUALITY</b>	Promptness of Claims Settlement	
	Claims Rejection Ratio	
<b>FINANCIAL PRUDENCE</b>	Solvency Ratio	
	Liquidity Ratio	





# PRODUCT VALUE

**1. Incurred Expense Ratio** = Incurred Expenses / Earned Premiums

*How efficient is the delivery of the product?*

**2. Incurred Claims Ratio** = Incurred Claims / Earned Premiums

*Is the product valuable for the client?*

**3. Net Income Ratio** = Net income / Earned Premium

*Is the programme or product viable?*

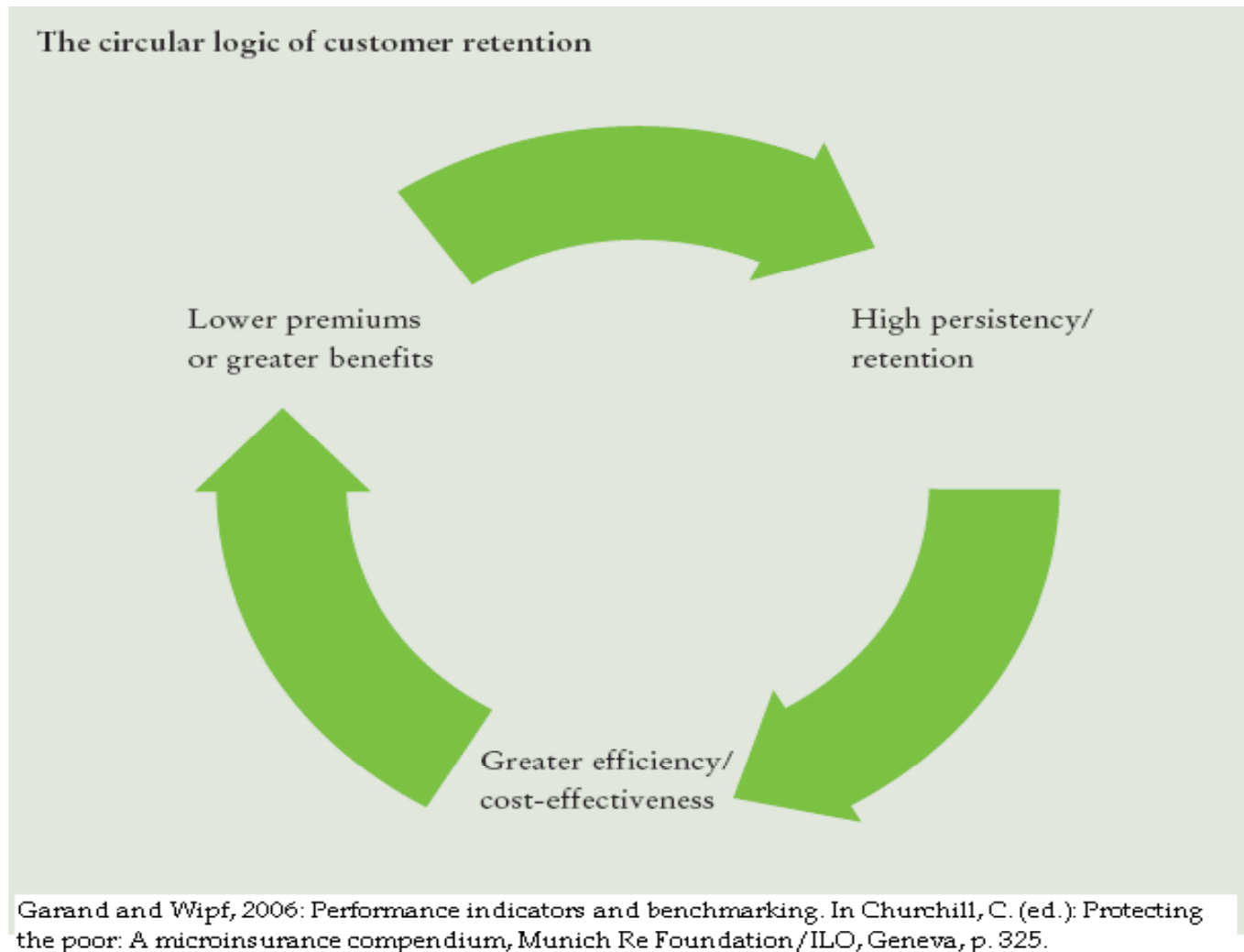
## Important data

Premium, claims and expense on accrual basis.



# PRODUCT VALUE

## 1. Incurred Expense Ratio



# PRODUCT VALUE

## 1. Incurred Expense Ratio

**Incurred Expense Ratio** = Incurred Expenses / Earned Premiums

Virtual circle

Expected range <30%

By comparing the incurred expense ratio to other microinsurance programmes, an organisation may adopt alternative, more efficient processes



# PRODUCT VALUE

## 2. Incurred Claims Ratio

**Incurred Claims Ratio =**  
Incurred Claims / Earned Premiums

Expected range > 65%



# PRODUCT VALUE

## 2. Incurred Claims Ratio

What are the possible reasons for the Incurred Claims Ratio being too high?

Some examples:

- ☹ Adverse selection or moral hazard
- ☹ Statistical fluctuation or covariance
- ☹ The product has not been priced properly

Consequence: The product will be a danger to the organisation's viability



# PRODUCT VALUE

## 2. Incurred Claims Ratio

What are the possible reasons for the Incurred Claims Ratio being too low?

Some examples:

- ☹️ Statistical fluctuation or covariance
- ☹️ Lack of understanding of the risk pool
- ☹️ Too many claims are being denied or it is too difficult to claim

Consequence: The product will not sell



# PRODUCT VALUE

## 3. Net Income Ratio

### Net Income Ratio

= Net income / Earned Premium

Expected range 0+ to 10%

### **THIS IS THE KEY OF THE KEY INDICATORS!**

- Measures if the programme is viable
- Watch the direction and trend over a period of time
- Normal for start-ups that first years are negative



# PRODUCT VALUE Exercise

<b>Organisation A</b>	Year X	Year X+1	Year X+2
Incurring Expense Ratio	50%	55%	45%
Incurring Claims Ratio	110%	115%	120%
Net Income Ratio	-60%	-70%	-65%
<b>Organisation B</b>	Year X	Year X+1	Year X+2
Incurring Expense Ratio	9%	7%	4%
Incurring Claims Ratio	98%	98%	98%
Net Income Ratio	-4%	-1%	3%
<b>Organisation C</b>	Year X	Year X+1	Year X+2
Incurring Expense Ratio	135%	35%	20%
Incurring Claims Ratio	90%	95%	95%
Net Income Ratio	-120%	-20%	-10%





<b>Significance (Client Focus)</b>	<b>Performance Indicator</b>	
<b>PRODUCT AWARENESS AND CLIENT SATISFACTION</b>	Renewal Ratio	
	Coverage Ratio	
	Growth Ratio	
<b>PRODUCT VALUE</b>	Incurred Expense Ratio	
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	Claims Rejection Ratio	
<b>FINANCIAL PRUDENCE</b>	Solvency Ratio	
	Liquidity Ratio	



# SERVICE QUALITY

## Definitions

- 1. Promptness of Claims Settlements** = Number of days from event reported to benefits received by clients

*How satisfied are your clients?*

- 2. Claims Rejection Ratio** = Incurred Claims / Earned Premiums

*How well do the clients understand the product?*

## Important data

Maintaining data on date of event, date received and date paid



# SERVICE QUALITY

## 1. Promptness of Claims Settlements

**Promptness of Claims Settlements =**

Number of days from the **covered event** to benefits received by clients

Expected range: 90% within 7 days

- “Efficient, accurate and fast” claims settlement should be the servicing standard for all microinsurance programmes
- Important to settle quickly because benefits due are needed to deal with an emergency
- Objective is to settle fast enough so that the insured will not have to borrow from expensive sources or have to sell off productive assets



# SERVICE QUALITY

## 1. Promptness of Claims Settlements

What are some of the causes of **poor performance**?

- In partner-agent models: insurer adjudicates instead of the microinsurer or without the microinsurer pre-processing claims
- Excessive documentation requirements and incomplete documentation
- Lack of assistance and facilitators in the field
- Claimants lack essential papers such as birth certificates



# SERVICE QUALITY

## 2. Claims Rejection Ratio

**Claims Rejection Ratio =**  
Incurred Claims / Earned Premiums  
Expected range  $> 0\% \dots < 10\%$

What are the reasons for **high** Claims Rejection Ratio in health, either partial or total rejection of claims?

- ☹ The service provider has not been accredited
- ☹ The benefit maximum has been reached
- ☹ The claim includes charges for services not rendered

Reasons for **high** Claims Rejection Ratio for Accidental Death & Dismemberment?

- ☹ Natural death was claimed as an accidental death
- ☹ Disability is due to sickness, not accident



# SERVICE QUALITY

## 2. Claims Rejection Ratio

In general, why is a Claims Rejection Ratio **high**?

Some examples:

- ☹ The risk event which led to the claim is not covered by the policy
- ☹ The waiting period has not finished
- ☹ The insured became ineligible for coverage but was unaware of it
- ☹ The insured gave incorrect information when applying (age, health, etc)

Consequence: The product will not be resold easily



# SERVICE QUALITY

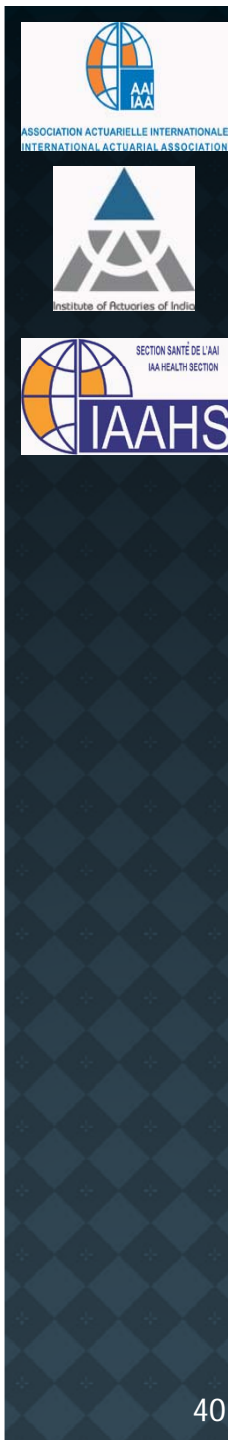
## Exercise

Promptness of Claims Settlement, is percentage of claims settled within 7 days

<b>Organisation A</b>	Year X	Year X+1	Year X+2
Promptness of Claims Settlement	10%	20%	45%
Claims Rejection Ratio	20%	15%	10%
<b>Organisation B</b>	Year X	Year X+1	Year X+2
Promptness of Claims Settlement	99%	99%	99%
Claims Rejection Ratio	2%	2%	2%
<b>Organisation C</b>	Year X	Year X+1	Year X+2
Promptness of Claims Settlement	60%	70%	80%
Claims Rejection Ratio	0%	0%	0%



<b>Significance (Client Focus)</b>	<b>Performance Indicator</b>	
<b>PRODUCT AWARENESS AND CLIENT SATISFACTION</b>	Renewal Ratio	
	Coverage Ratio	
	Growth Ratio	
<b>PRODUCT VALUE</b>	Incurred Expense Ratio	
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<b>FINANCIAL PRUDENCE</b>	Solvency Ratio	
	Liquidity Ratio	





# FINANCIAL PRUDENCE

## Definitions

1. **Solvency Ratio** = Admitted Assets / Liabilities

*What is the ability to meet future obligations?*

2. **Liquidity Ratio** = Available Cash or Cash Equivalents / Short-term Payables (3 months)

*What is the ability to meet short term obligations?*

## Important data

Calculated actuarial reserves, investments, estimate of expected payouts



# FINANCIAL PRUDENCE

## 1. Solvency Ratio

**Solvency Ratio =**

Admitted Assets / Liabilities

Expected range: > 110% but < 250%

- Measures the financial strength of the microinsurance programme
- Measures the ability to meet future obligations

**If a programme is allowed to fail,**

**it will affect all others in the industry as clients lose trust and confidence**



# FINANCIAL PRUDENCE

## 2. Liquidity Ratio

**Liquidity Ratio =**

Available Cash or Cash Equivalents / Short-term Payables (3 months)

Impact of a **low** Liquidity Ratio?

- Liquidity ratio too low: → impairs timely claims and expenses payment → negative impact on the programme

Impact of an overly **high** Liquidity Ratio?

- Ratio should be > 110% but not too high
- Ratio too high → lower investment earnings → raise insurance cost because higher premium needed

**Strong solvency ratio does not imply sufficient liquidity**



# FINANCIAL PRUDENCE

## Exercise

<b>Organisation A</b>	Year X	Year X+1	Year X+2
Solvency Ratio	500%	400%	300%
Liquidity Ratio	150%	200%	250%
<b>Organisation B</b>	Year X	Year X+1	Year X+2
Solvency Ratio	90%	100%	105%
Liquidity Ratio	300%	300%	300%
<b>Organisation C</b>	Year X	Year X+1	Year X+2
Solvency Ratio	60%	70%	80%
Liquidity Ratio	50%	60%	70%



## Microinsurance Network **Contact details**

- [www.microinsurancenetwork.org](http://www.microinsurancenetwork.org)
- Secretariat: Véronique Faber [veronique.ada@microfinance.lu](mailto:veronique.ada@microfinance.lu)
- Performance Indicators Working Group: Denis Garand [denis@garandnet.net](mailto:denis@garandnet.net)

### Toolkit & Workshops Performance Indicators for Microinsurance

- [www.microfact.org](http://www.microfact.org)
- Support and FAQs: [microfact@brs-vzw.be](mailto:microfact@brs-vzw.be)

### Steering Group

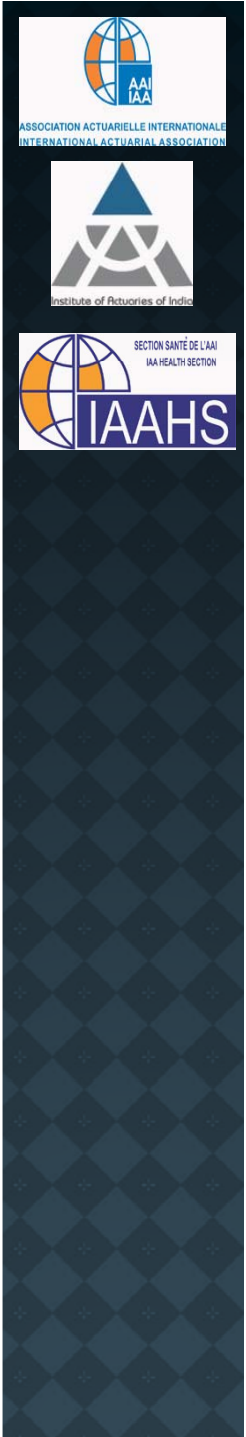
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# IAA Microinsurance Working Group

## Purpose

To serve as the IAA body that coordinates the micro-insurance efforts of the various IAA Committees and Sections and provides a focal point for IAA efforts to help facilitate the development of micro-insurance and actuarial involvement in this rapidly growing, and socially meaningful area.



# Terms of Reference

- ◉ Establish a formal IAA role with the ILO Micro-Insurance Innovation Facility in Geneva and other key organizations that might be identified.
- ◉ Participate in, along with qualified actuaries with expertise in micro-insurance, key conferences and meetings of the international micro-insurance community.
- ◉ Take a leading role in defining and developing specialized training needed for actuaries to become qualified to practice in the micro-insurance area, in conjunction with the IAA Education Committee.
- ◉ Identify micro-insurance experts (both actuaries and non-actuaries). Encourage and facilitate their involvement in appropriate IAA and member association meetings, committees, and IAA Sections.
- ◉ With active participation of IAA Sections, create a forum for practicing micro-insurance actuaries to share their experiences and expertise with other actuaries and, as appropriate, with the micro-insurance community.



# Membership

- Membership of the Working Group is open to all individuals with the relevant expertise and interest
  - Howard Bolnick (USA), chair
  - Vice-chair – open
  - Currently 33 Members (more to be recruited)
    - Most with microinsurance experience and many working in the field for microinsurance projects
    - Members working in microinsurance organizations: ILO Microinsurance Facility, World Bank
  - Liaison with key national actuarial associations: India, UK, Australia, South Africa, Canada, Mexico (others in process)
  - Liaison with IAA Committees and Sections: Insurance Regulation, Health Section, AWB (others in process)

